RECEIVED FEC MAIL CENTER 2016 OCT 25 AM II: 59

Committee Name:	
Missouri Right to Life Victory Fund	
If registered, FEC ID:	`
Today's Date:	
10/21/2016	
Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited Contributio	ns

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

To Whom It May Concern:

Gatricia M. Skain

Treasurer's Name:

Patricia Skain

, Treasurer

## 2016-10-25-03-00118875

FEC FORM 1

Only

## STATEMENT OF ORGANIZATION

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2016 OCT 25 AM 11: 59

Office Use Only 1. NAME OF Example:If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Missouri Right to Life Victory Fund Box 651 ADDRESS (number and street) (Check if address is changed) ₁6510  $_{I}MO_{I}$ ZIP CODE CITY STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) ıwww.mrlyictoryfund.org (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Patricia Skain Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

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	F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>		
5.			OMMITTEE			
	Candidate Committee:					
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the c information below.)						
	Name Candi					
	Cand Party	idate Affiliatio	on Office Sought: House Senate President	State		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi	-				
	Part	y Con	nmittee:			
	(d)			emocratic, publican, etc.) Party.		
	Polit	tical A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization is a		
			Corporation Corporation w/o Capital Stock	abor Organization		
			Membership Organization Trade Association	Cooperative		
				ooporavo		
•			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	· .		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	t Fund	draising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
		Com	mittees Participating in Joint Fundraiser			
		1.				
		2.		<del></del>		
		3.				
		4.				
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V	/rite or Type Committee Name			
		Life Victory Fund		
6.		organization, Affiliated Committee, Joint Fundraising Re	presentative, or	Leadership PAC Sponsor
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Ī	⁄lişşquri <sub>∣</sub> Right to	o Life Federal PAC		
L				
	Mailing Address	PO Box 651		
	·	Jeffersom City	MO	65102
		CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraisin	ng Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and pos	sition of the perso	on in possession of committee
	Treas	urer		1
	Full Name	1		
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
	Treasurer		umber	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of tassistant treasurer).	he committee; an	d the name and address of
	Full Name of Treasurer Patric	ia Skain	<u>.lllll</u>	
	Mailing Address	PO Box 651		
			<u>                                     </u>	· · · · · · · · · · · · · · · · · · ·
		Jefferson City	MO	65102
	Title or Position	CITY	STATE	ZIP CODE
ı	Treasurer	Telephone no	<sub>umber</sub> [573 <sub>]</sub>	[635,[4926 ,

			_
FEC Form 1 (Revise	ed 02/2009)		, Page <b>4</b>
Full Name of			
Designated Agent LILL			لبنسسن
Mailing Address			
,	CITY	STATE	ZIP CODE
Title or Position			
<u> </u>	Telepho	one number É	
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Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the distance funds	committee deposits fur	nds, holds accounts, rents
Name of Bank, Depository,	·		
	•		
<sub>[</sub> C <sub>i</sub> entr	al Bank of Jefferson City		
Mailing Address	PO,Box 779	11111	
		<u> </u>	
	Jefferson City	<u> M</u> OJ	[65102, ]
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
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